



November 10, 2020

Web Announcement 2350

Reminders Regarding Submitting Claim Appeals

Reminder to [Web Announcement 2130](#): All providers have the right to appeal a claim that has been denied, including claims that denied upon reprocessing. Below are some helpful reminders for providers who are interested in appealing a denied claim.

- ❖ Appeals must be submitted electronically.
- ❖ **Appeals must be submitted within 30 calendar days from the date on the remittance advice. Any claim appeals submitted after those 30 calendar days will be rejected by Nevada Medicaid.**
- ❖ An [FA-90 Formal Claim Appeal Request](#) form must be filled out in its entirety and accompany the claim appeal. Each appeal must be submitted with its own FA-90 form.
- ❖ **Appeal requests for subsequent same service claim submissions will be rejected.**

The Division of Health Care Financing and Policy (DHCFP) and the Nevada Medicaid Provider Training team offer training sessions covering Claim Appeals, Adjustments and Voids. Providers interested in attending a training session may review the [Training Calendar](#) for dates and times and register by visiting the [2020 Provider Training Registration Site](#). Please note that these training sessions are only intended to discuss Claim Appeals, Adjustments or Voids and all other concerns should be directed to NevadaProviderTraining@dxc.com.

Other key resources that are available for providers include the following: [Claims Appeals, Adjustments and Voids](#) training presentation, the [Claim Appeals Tip Sheet](#), the Medicaid Services Manual (MSM) [Chapters 100](#) and [3100](#), the Nevada Medicaid [Billing Manual](#) and [Electronic Verification System \(EVS\) User Manual Chapter 3](#).